

State of Connecticut's Health Insurance Exchange

Level One Grant Application

In-Person Assister Program

December 21, 2012

D. PROJECT ABSTRACT

Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges
Connecticut Health Insurance Exchange - Level One Establishment Grant Application
Funding Opportunity Number: IE-HBE-12-001/CFDA: 93.525

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Congressional district(s) served: CT1, CT2, CT3, CT4, and CT5

Level One Establishment Grant
February 15, 2013 - February 15, 2014

Overview

The Connecticut Health Insurance Exchange is applying for a Level One Establishment Grant from the Center for Consumer Information and Insurance Oversight (CCIIO) to further its planning, development and design of an In-Person Assister program as part of its Health Insurance Exchange. The application is part of the Patient Protection and Affordable Care Act (ACA), which will increase access to affordable health coverage and reduce the number of uninsured and underinsured residents in the State of Connecticut.

History of the Organization

Connecticut's General Assembly enacted Public Act 11-53 in June 2011, which establishes the Connecticut Health Insurance Exchange and provides the legal authority to establish and operate an Exchange in Connecticut that complies with all federal requirements. The Act establishes the Exchange as a quasi-public entity governed by a 14-member Board of Directors. In addition to establishing the Exchange, legislation was enacted by Connecticut's General Assembly in June 2011 to implement federal health care reform in the state. Public Act 11-58 establishes the Office of Health Reform and Innovation (OHRI) within the Office of the Lieutenant Governor to oversee statewide implementation of federal health care reform.

Populations Served by the Project

All uninsured individuals currently estimated to be 377,000.

Proposed Projects and Deliverables

The requested funding will be used to develop and support an In-Person Assister program to facilitate public outreach education and enrollment of uninsured individuals when the Connecticut Health Insurance Exchange goes live.

Proposed Impact of the Funding

The Level One Establishment funding is critical for moving forward with the development and implementation of the In-Person Assister program. Without the requested funding, Connecticut would not be able to provide robust hands-on assistance to uninsured individuals seeking health insurance coverage via the Health Insurance Exchange during the crucial initial open enrollment timeframe and first year of Health Insurance Exchange operations.

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E. PROJECT NARRATIVE

Connecticut is making steady progress toward the goal of providing its citizens with a fully operational Health Insurance Exchange by January 1, 2014. Much of this work is being funded by the Establishment Planning Grant that was awarded to Connecticut on September 29, 2010 and by the Level Two Grant awarded to Connecticut on August 23, 2012.

As Connecticut continues to implement a state-based Health Insurance Exchange, establishing a vibrant and effective consumer assistance program will be a critical component to ensure both its short and long term success. Attracting, educating, and enrolling individuals across the state's diverse and varied communities will be essential to positively impact the health and wellness of the state's residents, garner broad participation from insurers, and ensure the financial sustainability of the Exchange.

Navigators and In-Person Assisters (IPAs) will play key roles in executing the outreach and assistance efforts required for the Exchange. The Exchange IPAs will be the cornerstone of a robust Connecticut Health Insurance Exchange consumer assistance network, and will educate individuals of consumer assistance mechanisms available in the State and appropriate for unique consumer needs. As reflected in the federal guidelines and the revised Blueprint document released in August of 2012, the IPAs will facilitate enrollment in qualified health plans offered by the Exchange and provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange.

The Connecticut Health Insurance Exchange (the Exchange) is requesting funding in this Level One grant to develop a comprehensive In-Person Assister program to meet the anticipated demand for in-person enrollment assistance, minimize the number of uninsured residents in Connecticut, and meet the needs of the communities. In order to develop, administer, and monitor a comprehensive state-wide outreach program in a short-time frame and prior to the Exchange becoming financially self-sustainable, these additional financial resources are required to bolster and expand the Exchange's existing outreach activities.

A. DEMONSTRATION OF PAST PROGRESS IN EXCHANGE PLANNING CORE AREAS

Background Research

Policy direction and an implementation strategy must be developed in order for the Connecticut Health Insurance Exchange to gain a baseline understanding of the advantages and disadvantages of allowing individuals and small firms to access coverage that is portable, choice-based, and tax-advantaged. Understanding the variables and complexities in organizing a new health insurance marketplace, as well as the dynamics of driving system affordability and improving the quality of health care delivery systems, is vital to Connecticut's Exchange processes.

Understanding the complex range of attitudes, perceptions, and beliefs of the target consumer base is critical to the success of the Connecticut Health Insurance Exchange (the Exchange) program. In July 2012, the State of Connecticut released a Consumer Brand Communications Planning and Message Development Study that examined the attitudes, perceptions, and beliefs that could impact the success of the Exchange program. The results of the study confirmed the importance of the IPA program that is hard to underestimate. A significant number of the newly eligible citizens do not yet know about the new benefits available to them or how to enroll, nor do they have prior experience receiving health insurance. It will be essential to ensure all consumers (inclusive of the rural, suburban, and urban communities) are aware of the new coverage opportunities, and the enrollment channels available to guide them throughout the eligibility and enrollment process. According to this study, the prevailing perceptions related to the ACA and the Exchange are that most Connecticut consumers:

- **Are unaware of the ACA or how it affects them.** There is some knowledge of the mandate and the potential penalties of not having coverage. There was “no awareness” of how the ACA will work; what it will do for the uninsured; how it will be delivered; who is eligible; how it will benefit them; or what a health insurance exchange is/how it will function.
- **Are unaware of the cost of insurance.** Those who have healthcare through an employer are unaware of how much it costs them or how much their employer contributes. Most have “no idea” what it costs to purchase health care as an individual.

The results from this study show that educating the target populations will be a major challenge that will need to be achieved to reach Connecticut’s objective of enrolling as many uninsured citizens as possible. In addition to handling enrollments, the IPAs will also be involved in community outreach efforts that will help to engage the target populations and educate them on what the Health Insurance Exchange is; how it will function; and how it can benefit them.

Before the announcement of the In-Person Assister position in the August 2012 CMS Blueprint, Navigators were expected to execute both public outreach and education efforts as well as assist in the enrollment of uninsured citizens. The addition of the In-Person Assister position to supplement the Navigators will allow more coverage and flexibility both in terms of community outreach and in availability of resources during the initial enrollment period. In-Person Assistors will provide increased efficiency during the important early development phases of the Health Insurance Exchange in the state of Connecticut.

Stakeholder Consultation

Brokers, Agents, and Navigators Advisory Committee

Consultation with stakeholders is an important component of planning and developing the Health Insurance Exchange for Connecticut. Public Act 11-53, Connecticut’s recently enacted legislation establishing the Exchange, requires consultation with stakeholders relevant to carrying out Exchange activities including, but not limited to, stakeholders who are knowledgeable about health care systems; have background or experience in making informed decisions regarding health, medical, and scientific

matters; and are enrollees in qualified health plans. Connecticut's initial efforts, specifically pertaining to the Level One In-Person Assister grant research, included facilitating Advisory Committee meeting(s) with Brokers, Agents, and potential Navigators. The purpose of these meetings was to design Connecticut's Broker, Navigator, and In-Person Assister programs and define the role that Brokers, Navigators, and In-Person Assistors each will play within the Exchange. The Committee also researched other states In-Person Assister models and funding mechanisms.

The Executive Board of the Exchange has appointed Advisory Committee members from the Exchange Board as well as a broad range of stakeholders, including insurance brokers and providers, small businesses owners, health care providers and consumer advocates. The Committee is co-chaired by a member of the Exchange Board and the stakeholder community. The Connecticut Insurance Department has designated a subject matter expert to work with the Committee.

Members of the Exchange staff, in consultation with the Advisory Committee are charged with evaluating options and making recommendations to the Board of the Exchange regarding the establishment of an In-Person Assister program. In making such recommendations, the Advisory Committee considers performance and accountability standards applicable to IPAs; certification and training requirements; and contracting and funding arrangements for IPAs.

All Advisory Committee meetings are open to the public and all meetings are published on the Exchange's website. Members of the public are afforded an opportunity to address the Brokers, Agents, and Navigators Committee during a public comment section of the Advisory Committee's meetings. This ensures transparency on the part of the Exchange as well as a willingness to engage in communication with public while developing the IPA program.

Healthy Chat Events

The Exchange has recently embarked on hosting a series of town hall-style meetings, billed as a "Healthy Chat", with panel experts in Exchange implementation and healthcare reform. These town-hall meetings are designed to educate consumers on healthcare reform and implementation, as well as a means to address the questions and concerns of consumers in an open and transparent forum. To date, the Exchange has conducted seven of these town-hall meetings. At each meeting Chief Executive Officer Kevin Counihan participated on the panel, as well as a mix of community leaders, industry experts, physicians and advocates. With the assistance of a moderator, attendees were encouraged to take part in a lengthy Question and Answer session, lasting approximately 60-70 minutes, and were provided the opportunity to make a public comment during a separate 15 minute period. On average there were between 100-150 attendees at each meeting, with about a dozen questions raised at each meeting on a variety of subject areas; questions from attendees have been of varying levels of technical sophistication. The Exchange promoted the town hall meetings using print, radio and television; the Exchange partnered with the local NBC affiliate; as well as through word-of-mouth promotion with various stakeholders.

Over the course of these town hall meetings Exchange staff facilitated conversations with potential In-Person Assister organizations and gathered a wealth of information that will help inform the

implementation going forward. In addition to a log of consumer feedback and questions, the Exchange has summarized the key issues that repeatedly come up in discussion. This document will continue to evolve as the series is extended to include other cities and towns in Connecticut, and it will help inform the Exchange staff, Board of Directors, Advisory Committees, and the general public of what challenges exist for consumers. In the coming months, the Exchange plans to continue hosting these Healthy Chats in a variety of locations throughout the state, to be selected based on their overall uninsured population as well as their geographic proximity to public transportation. The general tone of conversations with consumers has been positive, and the Exchange will continue to engage consumers through events like the Healthy Chats. The spirit of the effort on the Exchange's part is to quickly address consumer concerns, to be flexible in the approach to incorporating input from stakeholders and the general public, and to adapt the outreach plans and events.

Other States Research

Guided by the principles of state collaboration and knowledge sharing, Connecticut has researched consumer support models that other states have chosen to develop and facilitate their outreach efforts. The following States were considered while designing Connecticut's In-Person Assister program:

- **Arkansas.** The State plans to use a contract process to distribute planning grant funds to entities that will employ trained IPAs to do outreach, education, and enrollment. Arkansas plans to coordinate their Navigator and IPA processes to maximize their impact and will brand the two programs as a single initiative so that they are seamless to customers.
- **Nevada.** The State appears to have separated the community outreach function from its Navigators into a new role called Outreach Specialists, who will present educational information about the ACA and the Exchange to groups of people throughout the State of Nevada.
- **New York.** The State will operate a Navigator program and an In-Person Assistance (IPA) program, saying that the two programs will closely mirror each other and it is expected that any entity providing IPA services would also be able to provide Navigator services.

State Legislative/Regulatory Actions

Connecticut's General Assembly enacted Public Act 11-53 (the Act) in June 2011, the Connecticut Health Insurance Exchange was established, which has the necessary legal authority to establish and operate an Exchange in Connecticut that complies with existing Federal requirements. This effort has spanned two Administrations with the participation of both the executive and legislative branches of government and a range of consumers and stakeholders.

Throughout deliberations with stakeholders convened under both the previous Administration of Governor Rell and the current Administration of Governor Malloy, and within the General Assembly during the 2011 legislative session, there was consensus of establishing a state Exchange as a quasi-public authority. This model provides for governmental oversight, while allowing for a more nimble organization to respond to the demanding timelines established under the ACA.

In February 2011, under the direction of Governor Malloy, the Office of Policy and Management submitted a legislative proposal Exchange (Senate Bill 921) to establish the Connecticut Health Insurance Exchange. In order to be as responsive as possible to the requirements of the ACA, this bill largely reflected the model legislation developed by the National Association of Insurance Commissioners (NAIC). Two other Exchange bills were raised: one by House Speaker Christopher Donovan (House Bill 6323) and one by Senator Pro Tempore Donald Williams (Senate Bill 1204). Although divergent with regard to several policy issues related to governance and operation, all three bills proposed a quasi-public authority, established a Governance structure, and provided for the necessary legal authority to establish and operate an ACA compliant Exchange. All three bills received public hearings in February and March of 2011. Through a long negotiating process between Governor Malloy's Administration and legislative leadership for the House and Senate, as well as with stakeholder involvement, a single Exchange bill was agreed upon and passed. The enacted Senate Bill 921 (Act 11-53) can be accessed at: <http://www.cga.ct.gov/2011/ACT/PA/2011PA-00053-R00SB-00921-PA.htm>.

The Act establishes a quasi-public entity that is Governed by an 11 member Board of Directors (see the Governance section for details on Board appointments). The Board has convened stakeholder advisory committees to address such issues as customer service needs and insurance producer concerns. As stated in the Act, the purpose of the Exchange is "to reduce the number of individuals without health insurance in this state and assist individuals and small employers in the procurement of health insurance by, among other services, offering easily comparable and understandable information about health insurance options." The Act includes much of the ACA conforming language provided by the NAIC.

In addition to the establishment of the Exchange authority, an additional piece of legislation was enacted by Connecticut's General Assembly in June 2011 to support state efforts to implement federal health care reform. Public Act 11-58 establishes an Office of Health Reform and Innovation within the Office of the Lieutenant Governor to oversee the statewide implementation of federal health care reform. This office is led by the Special Advisor to the Governor on Healthcare Reform who was appointed by Governor Malloy in January 2011. In addition, the bill establishes, also within the Office of the Lieutenant Governor, a 28 member Sustinet Health Care Cabinet to advise the Governor and the Office of Health Reform and Innovation on the development of an integrated health care system for Connecticut and other health care reform issues.

Governance

As discussed above, under the State Regulatory/Legislative Action section, Connecticut has established a quasi-public Health Insurance Exchange and governance structure in accordance with Public Act 11-53. The Exchange Board of Directors' composition is modeled on the California Exchange, which does not appoint any representatives of the insurance industry or health care providers, to avoid any conflicts of interest. The Act contains clear conflict of interest language in Section 2(b)(2) prohibiting Board members from involvement in the health insurance industry or health care providers. Transparency of operation, decision-making and public accountability are required of the Exchange, as it is in all Connecticut quasi-public entities.

The Director of Marketing and Communications is leading the Exchange's efforts in developing a strategy to scope the In-Person Assister program and define its relationship to the existing Navigators program. To that end, an important Exchange decision will be to formalize how these two entities are governed, and how this relationship can be utilized to provide the broadest level of support to Connecticut residents. As part of the Design Review (September 17-18, 2012) and Exchange Blueprint (October 10, 2012) reviews, the Exchange has shared its preliminary strategy for In-Person Assistors and Navigators with Center for Consumer Information and Insurance Oversight (CCIIO) and Centers for Medicare and Medicaid Services (CMS). The Exchange has also discussed In-Person Assister roles and responsibilities, their compensation, training and certification, program funding, recruitment, performance evaluation, and compliance monitoring.

Program Integration

Connecticut is using the Exchange Executive Steering Committee and Integrated Eligibility Program Management Office (IEPMO) as vehicles for program integration and communication between State agencies and stakeholders. Interagency work groups are being formed with the Department of Social Services (DSS), the Connecticut Insurance Department (CID), and Office of Healthcare Advocate (OHA) as well as others to ensure that current capabilities and future plans are effectively assessed, utilized, and leveraged. These work groups are instrumental in supporting Exchange implementation efforts.

Summary of Current Connecticut In-Person Consumer Assistance Programs

The Exchange initiated conversations around In-Person Assister program planning activities with other Connecticut state agencies, specifically with the DSS and OHA. Furthermore, the planning process supported by Level One Establishment Grant served as a catalyst for the Exchange to pursue close collaboration with these two agencies to identify established relationships and resources that could help facilitate the operations of the Exchange In-Person Assister program. A Memorandum of Understanding (MOU) that identifies the specific roles and responsibilities of each agency, including agency roles in facilitating an integrated approach to consumer assistance programs within the State of Connecticut, is currently negotiated between the Exchange and DSS, and is being finalized between the Exchange and OHA. Furthermore, the Exchange and DSS recently formalized an integrated approach for eligibility as outlined in the IEPMO scope of work to ensure coordinated planning and procurement that enables the maximum reuse and sharing of technical and program resources across the stakeholder agencies within Connecticut.

Table 1 – Current Connecticut In-Person Consumer Assistance Programs

	CID	OHA (incl. CAP)	DSS (incl. SHIP)
Statutory Mandate	√	√	√
Target Populations	Commercial Coverage	Managed Care Individuals	Medicaid/Public Programs Recipients
Type of consumer interaction	Phone, Web, email, fax, in-person	Phone, web, email, fax, mail, in-person	Phone, email, fax, in-person
Staff total	4	10	688
State or Vendor	State	State	State

Mangers FTEs	1	2	84
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The Exchange hopes to integrate and leverage its existing programs and resources at CID, OHA and DSS, and use the In-Person Assister program to augment the need for additional consumer engagement while also creating an integrated seamless approach to consumer assistance within the State of Connecticut.

Demand for In-Person Consumer Assistance

In order to estimate an expected demand for the In-Person Assister program, the Exchange has reviewed the patterns of consumer in-person assistance trends based on actual walk-in data from a sample of three DSS offices, Bridgeport (the State's largest office), New Britain, and Waterbury. The purpose of this exercise was to establish a ratio between the total client population per office against the number of walk-ins that could be extrapolated to establish a baseline for the expected need for in-person assistance during the Exchange initial enrollment phase and its steady state of operations.

Table 2 – Sample Walk-In Data

Office	Total Unique Population Served	Number of Walk-Ins August 2012	Walk-Ins as Percentage of Population Served
Bridgeport	52,642	2,957	5.5%
New Britain	31,187	4,492	13.9%
Waterbury	38,570	3,250	8.4%

As the data above shows, despite being Connecticut's largest office, Bridgeport has a lower percentage of walk-ins than the much smaller New Britain and Waterbury offices. This brief research illustrates the different needs for each unique service area and office and a growing need for flexible In-Person Assister program to adjust to varying need of client population. The large gap in data also shows an increased need for a more standardized and consistent set of metrics to more accurately track consumer needs and required touch points with the agency personnel. Each of the offices researched recorded their data and reported on it in a distinct and unique manner. Through the introduction of an In-Person Assister program, the Exchange will aim to standardize the metrics used to measure the consumer outreach program performance and will be able to use the data gathered to better service the unique challenges of each customer service area.

Exchange IT Systems

One of the key planning deliverables is a comprehensive assessment of the operational processes between the Exchange and Medicaid to ensure a streamlined, integrated approach for determining eligibility that screens and refers individuals to the appropriate program, communicates health plan choices and benefits to applicants, and enrolls individuals in health plans.

The Exchange has engaged KPMG to define the requirements for its Consumer Assistance program. The requirements definition covers the Call Center, Brokers, Navigators, and In-Person Assisters functional

areas expressed by the CMS guidelines. The requirements developed for the Consumer Assistance program are documented in a Requirements Traceability Matrix (RTM) and in Functional Process Flow Diagrams, which demonstrate the process flows of all major functional areas of Consumer Assistance program.

Within the Consumer Assistance program requirements, In-Person Assistors are an important channel to provide direct assistance in understanding health insurance rights, regulations and options, support enrollment, and assist in accessing services provided by the State. In-Person Assistors are included as one of the client entry channels on Exchange Business Process models that were shared with the Exchange Systems Integrator (SI) as part of the Statement of Work document.

Functional requirements developed for the Exchange include requirements related to Navigators and In-Person Assistors, such as:

- IPAs will have separate account management access rights that they will be able to log in into the Web Portal and assist clients on their behalf;
- The system will allow clients to locate the closest IPA via the client's zip code;
- The system will identify applications submitted with the help of navigators and IPAs – this data will be further used to track stats and metrics on IPAs performance;
- If an application is initiated by an IPA, the Exchange shall have the capability for the individual to attest that the information provided by the IPA is accurate;
- The system shall provide the functionality to track the licensing and certification related details pertaining to IPAs.

The consideration and inclusion of these requirements related to In-Person Assistors in Exchange design, development, and implementation phases will allow more efficient use of the system by the In-Person Assistors and a more robust tracking of In-Person Assister activities. The requirements will also make it easier for a client to locate the In-Person Assistors.

Financial Management

Connecticut acknowledges that the Exchange financial management processes are critical to its sustainability, including funding planned consumer assistance activities. With submission of grantee change documentation to CMS and CCIIO on October 19, 2012, the Exchange has formally initiated transition of its financial management function from the Office of Policy and Management (OPM) to the Exchange. During the Planning Grant funding period and through the first months of Level One and Level Two Establishment funding, the Exchange leveraged the OPM's infrastructure and processes to manage these grant funds. This relationship - which required state reporting, auditing, and documentation - allowed the Exchange to periodically draw-down funds based on cash flow projections and expense reports. Once the grantee change process is finalized, the Exchange will assume management responsibility for all future grant awards and is currently working toward achieving that objective through the establishment of internal policies and procedures, and financial management processes.

Extensive effort has gone into the development of the Financial Management Plan (FMP) as it provides the necessary framework for the ongoing development and evolution of internal financial processes that would be essential in funding the Exchange consumer assistance programs. Additionally, the FMP outlines the reporting and auditing requirements for the Exchange, as well as laying the foundation for independent grant management. Another component of the FMP is the identification of the system of internal controls, which are crucial to grant management and allow for reconciliation between federal, state, and internal budgets and expenses.

Program Integrity

To ensure program integrity, the performance of the In-Person Assistors must be tracked. Currently, various consumer assistance programs have different mechanisms for tracking walk-ins, appointments, and in-person services performed. The Exchange plans to establish a uniformed standard for tracking these activities and establishing metrics for the performance of In-Person Assistors.

Self-help options - including such features as providing status of applications or complaints, interactive forms, customer feedback/customer satisfaction surveys - will provide the necessary functionality for customers to access online support 24x7 while minimizing long-term costs associated with running the Exchange. Connecticut hopes that the Exchange will improve the self-help options available to consumers, while supplementing self-help options with In-Person Assister program to satisfy unique consumer needs. Connecticut also aims to increase its customer feedback by surveying customers to create a feedback loop for continued improvement of service.

Health Insurance Market Reforms

In June 2011, two pieces of legislation were passed that address insurance market reforms that assures Connecticut's conformance with the provisions described under Subtitles A and C of the federal ACA. Together they implement ACA conforming health insurance market reforms and mandate that the Connecticut Health Insurance Exchange Authority develop a plan to make changes to the health insurance market.

- Public Act 11-58: An Act Establishing the Connecticut Healthcare Partnership (Act) changes various health insurance statutes to conform to the ACA.
- A second law, creating the Connecticut Health Insurance Exchange, also addresses the development of market reforms necessary to the operation of the Exchange. In Section 12 of Public Act 11-53: An Act Establishing a State Health Insurance Exchange, the Connecticut Health Insurance Exchange Authority is mandated to provide the Governor and General Assembly a plan to establish the details of the Exchange which includes various changes to the health insurance market.

Providing Assistance to Individuals and Small Businesses, Coverage and Appeals, and Complaints

Providing a seamless consumer experience to users of the Exchange is critical. As a result, the Connecticut Health Insurance Exchange is focused on providing meaningful customer support and assistance. The Exchange has taken proactive steps to coordinate with existing organizations in the state to determine that services are available and sufficient to meet residents' needs.

Specifically, the Exchange assessed:

- Existing support for individuals to determine eligibility for private and public coverage and enroll in such coverage.
- Existing grievance and appeals processes.
- Access to information about consumer protections.
- Information about inquiries and problems and how they are resolved.

Additionally, the Exchange has analyzed data collected by existing consumer assistance programs and developed a preliminary approach to use this information to strengthen Qualified Health Plan accountability and functioning of the Exchange. The Exchange's efforts in these key areas are highlighted below.

The Exchange established the Consumer Experience and Outreach Advisory Committee, which meets monthly and is charged with providing guidance and feedback on key consumer assistance activities. This committee actively solicits feedback from numerous stakeholder groups on the best ways to facilitate a seamless consumer experience within the Exchange, including the needs for assistance from knowledgeable support staff and consumer advocates.

The Exchange engaged KPMG to develop a Consumer Experience Current State Blueprint to gauge the capability of existing Connecticut customer support channels (e.g., help desks, complaint lines, appeals processes, etc.) to support the anticipated needs of the Exchange. Work on this initiative is complete, including a review of the process for data collection, current grievances and appeals processes, other state agencies and leading practices in other states. As appropriate, the Exchange anticipates leveraging proven customer service tactics employed in other Connecticut agencies and other states.

The Exchange has included several core positions in its organization to support providing individuals and small businesses with assistance in managing appeals, complaints, etc. These specifically include the proposed Grievances and Appeals Manager position (under the Exchange Legal Counsel) and the outreach positions under the Director of Marketing and Communications.

Recently, the Exchange has facilitated active conversations with the Senior Health Insurance Assistance Program (SHIP) and OHA who administers Connecticut Consumer Assistance Program (CAP) to determine the strategy to seamlessly integrate the In-Person Assister program into the existing consumer assistance programs in the State of Connecticut. These two programs have the wealth of experience and a successful history of serving the consumer population across the state that the In-Person Assister program strives to emulate on.

Office of Healthcare Advocate

Since 2002, OHA has assisted and educated nearly 9,000 health insurance consumers to choose the right health plan by helping them understand the coverage that is provided in public and private insurance plans. OHA's responsibilities include working with insurance companies on behalf of consumers, helping consumers file appeals and presenting relevant evidence when they disagree with claim denials, facilitating coordination among government agencies that serve health care consumers, and engaging policy advocacy to strengthen consumer rights and enforce insurance industry oversight. OHA routinely accepts cases from individuals and families affected by denials in coverage, treatment, or services from private health insurers, group health plans, federal employee benefits health plan, public programs (Medicaid and CHIP), Connecticut's High Risk Pool (HRA) and other public health coverage.

OHA received a federal Consumer Assistance Grant (CAP) to enhance core service delivery through hiring additional staff to provide health insurance consumer outreach and education, direct services and systemic advocacy to additional Connecticut residents. It is the Exchange's intent to work collaboratively with OHA in developing and integrating existing services in Exchange development and ensuring that the outcomes and capabilities realized in the CAP grant are leveraged appropriately. The Exchange recognizes the value of having OHA as an integral partner in Exchange customer assistance delivery.

Connecticut Department of Social Services

Connecticut's DSS program for Health insurance assistance, Outreach, Information and Referral, Counseling, Eligibility Screening (CHOICES), also known as Senior Health Insurance Program provides information and assistance about Medicare and other related health insurance options to persons age 60 and older and persons with disabilities. This program is a cooperative program of the State of Connecticut Department of Social Services, the Area Agencies on Aging, and the Center for Medicare Advocacy, comprised of both staff and volunteers, and is funded by the Centers for Medicare and Medicaid Services and the Administration on Aging through the Older Americans Act. The program focuses around providing a "one-stop shopping" information source for services available to older adults, including referrals to other agencies, information and preliminary screening for more than 20 federal and state benefit programs.

DSS also operates the DSS Rx-Xpress which is a mobile, Medicare Rx assistance center operated by the Connecticut DSS and CHOICES. The DSS Rx-Xpress serves as an additional outreach resource in rural, urban and suburban communities throughout Connecticut, providing Medicare Rx assistance and eligibility screening for benefits to older adults and persons with disabilities. The DSS Rx-Xpress is committed to promoting equal access to all DSS eligibility programs and services through counseling and interviewing process, information sharing, applications, and forms for various programs administered by DSS and other agencies.

Connecticut Insurance Department

Along with OHA, the Connecticut Insurance Department (CID) also provides customer support through their Customer Assistance Unit (CAU). Currently, CAU performs the following functions:

- Informs consumers about the complaint filing and appeals processes

- Reviews complaints including claim denials and billing disputes to determine if statutory and contractual obligations have been met
- Records data on complaints, including instances where violations have occurred
- Where patterns of violations have occurred, referrals are made to the Market Conduct or Investigations Units
- Provides assistance to consumers in understanding their rights and protections under the law
- When appropriate, makes referrals to other State and federal agencies (including regulatory agencies in other states)
- Provides information on available health insurance options (public and private); based on consumer responses to screening questions to determine what social programs or group coverage (if self-employed) they may be eligible for
- Answers questions on internal and external appeals
- Educates the Public on insurance issues by presenting at local organizations' meetings through the Department's Speakers Bureau

Currently, CID fields many inquiries from consumers who are currently uninsured or are coming to the end of their COBRA benefits. Examiners within the Consumer Affairs Unit routinely spend time educating consumers on their options in obtaining health insurance coverage including directing callers to specific information on CID's website for companies licensed to do business in the State. CID has a data collection system that tracks intake and closure and reports by insurer, coverage type, subject matter and outcome. They also monitor patterns of complaints and insurer conduct, and recommend legislative changes, where needed.

It is Connecticut's intent to assess and leverage current capabilities within OHA, DSS, and CID organizations to ensure appropriate programs and systems are in place to effectively provide superior customer assistance for Exchange participants.

Business Operations/Exchange Functions

In-Person Assisters

The Exchange understands the importance of employing numerous customer outreach and assistance channels and will implement a comprehensive In-Person Assister program in Connecticut. Early steps taken include policy discussions with the Brokers, Agents and Navigators Advisory Committee to define, develop and implement an Exchange In-Person Assister strategy. Please see more information in sections Program Integration and Stakeholder Consultation above.

System Integrator

Connecticut has engaged Deloitte as a System Integrator for the Health Insurance Exchange solution to establish MAGI eligibility for all human services programs including Medicaid, Children's Health Insurance Program (CHIP), and for subsidized healthcare insurance provided by the Exchange, and enroll in Qualified Health Plans offered through the Exchange.

Deloitte has conducted requirements confirmation sessions to verify the requirements for the Exchange and is currently in the midst of design sessions. In these sessions, the requirements applicable to the Navigator and In-Person Assister system functionality are verified and designed.

As stated in the Exchange IT Systems section, the Exchange system has functional and technical requirements related to the In-Person Assistors for ease of use, activity monitoring and tracking consumer feedback related to In-Person Assistors. Connecticut anticipates that the system development efforts will enter the development phase in early 2013 with system being available for user acceptance testing in Spring-Summer 2013.

Call Center Request for Proposal

On October 5, 2012, Connecticut issued a Request for Proposal (RFP) to qualified Call Center Vendors for the Exchange solution. This RFP sought proposals from Call Center Vendors with business process outsourcing (BPO) solutions that provide customer support for the Exchange and Integrated Eligibility (IE) solutions to establish the Exchange Call Center and a supporting Interactive Voice Response (IVR) system. The Call Center will be responsible for providing assistance to individuals, employers, employees, brokers and In-Person Assistors. In cases where consumers require in-person support, the Call Center will also be responsible for routing the consumers to the local In-Person Assistors. The State received proposals from seven vendors, and through a rigorous selection process, down-selected two vendors to present their solutions at vendor oral presentations on November 27th, 2012. Additionally, on December 5th, 2012 the Exchange participated in site visits with both vendors. The vendor award was made on December 18th, 2012 subject to negotiation of a contract acceptable to the Exchange. Contract negotiations are currently in process with that vendor. The awarded vendor will be announced once the contract has been executed.

Small Business Health Options (SHOP) Program Request for Proposal

On December 17, 2012, the State of Connecticut issued a Request for Proposal (RFP) to qualified SHOP Exchange Vendors that will support the State of Connecticut's Health Insurance Exchange. This RFP seeks information from qualified Business Process Outsourcing (BPO) Vendors to assist with the design, development, and implementation of a SHOP Exchange solution. The State plans to establish a SHOP Exchange as a new marketplace that gives small businesses power similar to what large businesses have to create more choices and lower prices on healthcare coverage for their employees. Once in operation, the SHOP Exchange will provide access to numerous choices in levels of coverage, plan designs and cost. The State will create a balance between utilizing existing market capabilities and developing new capabilities that conformed to the specific requirements of the ACA or are seen as innovations by the State. The SHOP Exchange will be operational by October 1, 2013 and provide coverage beginning January 1, 2014.

Initial Solicitation to Health Plan Issuers for Participation in the Individual and SHOP Exchanges

On December 15, 2012 the Exchange released an initial solicitation to QHP issuers for participation in the Individual and SHOP Exchanges to market and sell qualified health plans and/or stand-alone dental plans through the Exchange beginning in 2013, with the effective date of coverage to begin on January 1, 2014. The solicitation defines the requirements an Issuer must comply with to participate in the Individual and SHOP Exchanges; reminds interested Issuers of the importance of consumer outreach and collaboration with the consumer assistance network participants, which includes brokers, navigators, and In-Person Assistors. The five governing principles that the Exchange expects all of its partners to reflect in their own operations are highlighted in the QHP solicitation:

1. Create an easy and simple consumer experience for shopping and comparison of insurance options;
2. Promote innovation and new options for benefit coverage in the State;
3. Provide empathetic and responsive customer service;
4. Work with our health plans, brokers, navigators, and In-Person assistors to provide more affordable products and broad distribution support;
5. Launch a substantive and targeted communications and outreach campaign that promotes awareness of health reform and new options for consumers and small businesses in the State.

B. PROPOSAL TO MEET PROGRAM REQUIREMENTS

The ACA requires the Exchange to establish a consumer outreach program to:

- a. Conduct public education activities to raise awareness of the availability of qualified health plans;
- b. Distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits and cost-sharing reductions;
- c. Facilitate enrollment in qualified health plans;
- d. Provide referrals to any applicable office of health insurance consumer assistance, health insurance ombudsman or any other appropriate State agency, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- e. Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange.

The Connecticut Health Insurance Exchange plans to establish a program that will meet these requirements by utilizing Navigators and In-Person Assistors. As previously noted, the Exchange views public education and outreach as a major component to raise awareness and insure as many currently

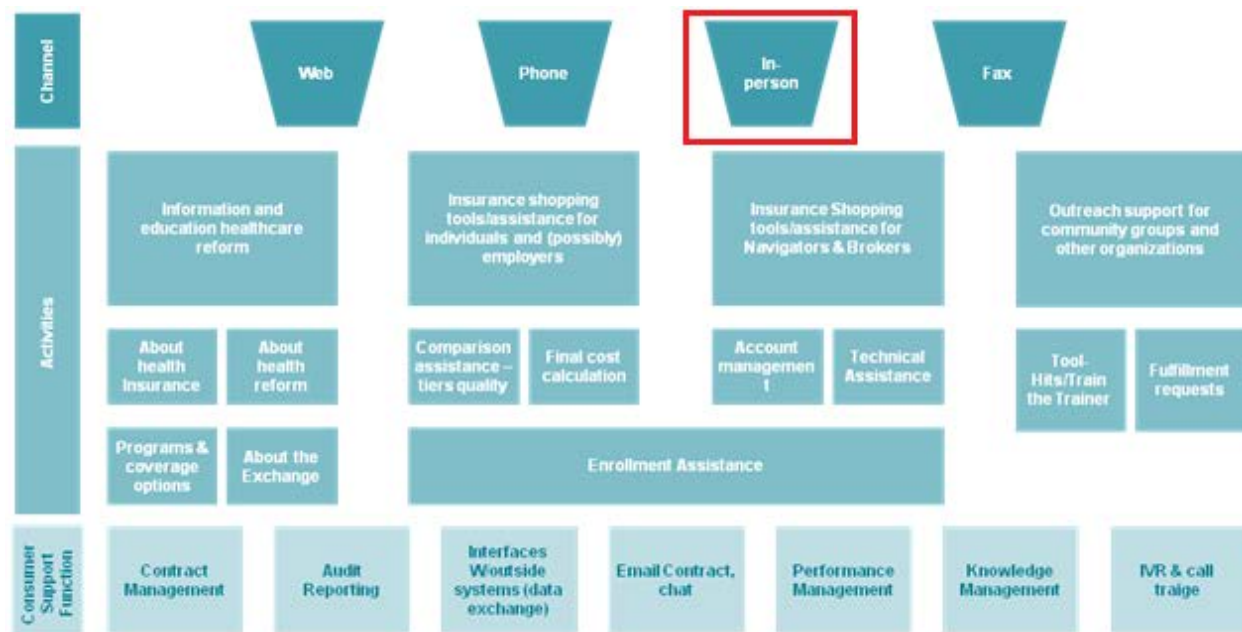
uninsured citizens as possible. The Exchange also plans to utilize funding from the Level Two grant to design a comprehensive IPA training program. The Exchange will implement developed metrics and performance criteria that will allow for monitoring and tracking the IPA program.

Seamless Experience for End Consumers

Consumers will have a seamless experience when interacting with the Exchange through any of the four primary entry channels: Web Portal, Call Center, In-Person (including Brokers, Navigators, or IPAs), or Fax

The Exchange will have a robust consumer assistance network that includes a vibrant Navigator and In-Person Assisters program, and will refer individuals to these consumer assistance programs when available and appropriate. The ACA states Navigators – and similarly functioning IPAs - will “facilitate enrollment in qualified health plans” offered by the Exchange and “provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange.”

The *Exchange Consumer Support Components* presents an overview of the Consumer Support System, communication channels, and high-level business functions that will be supported by the Exchange:



IPAs in the Exchange will complement the services already provided by the Brokers and Navigators by facilitating the enrollment of non-traditional populations that typically do not engage in the health insurance marketplace. These groups include people who are eligible for publicly funded health care (e.g. CHIP and Medicaid) and those individuals who do not have the means, ability or knowledge to seek out and identify a traditional producer or insurance purchase channel. In-Person Assisters will serve an important role in educating and enrolling individuals and groups that typically will not enroll unless actively called upon and directly engaged.

With anticipated high demand for enrollment assistance, the funding secured via the this Level One grant will be used to provide training and augment agencies' staff with temporary hires that will be required to meet the demand. While the In-Person Assister program will be distinct from the Navigator program, the IPAs will perform many of the similar duties of a Navigator. With this in mind, the In-Person Assister program will fully leverage the training and monitoring processes that are being developed for the Navigator program funded through the Level Two grant. Every In-Person Assister will satisfy security and privacy standards imposed on Navigators.

Assister Roles and Responsibilities

In-Person Assistors will be responsible for outreach, education and enrollment for the currently uninsured or underinsured populations (inclusive of both the individual and small employer marketplaces) and will present the options available under the ACA to these populations. This outreach and education will include information regarding the ACA as it relates to the Exchange, including but not limited to:

1. Program Eligibility- Explain the eligibility criteria for purchasing insurance through the Exchange, rules to purchase subsidized insurance through the Exchange, and enrolling in Medicaid and other State programs designed to provide medical coverage;
2. Methods of Purchase- Different means available to purchase and enroll in a QHP including, but not limited to, the Exchange web portal, Exchange call center, walk-in centers, community service centers and state agencies, and advertised enrollment events;
3. Reasons to Purchase- Education on the benefits of health insurance and what health insurance provides for the individual;
4. Definitions of health insurance terms- For example, aiding the consumer to understand the difference between a premium, deductible and co-insurance;
5. Dispute Resolution- Aiding the consumer to find avenues to resolve disputes with carriers, such as directing them to OHA, or CID;
6. Cultural Diversity- Providing culturally and linguistically appropriate health insurance education to Hispanics, Asians, Native Americans, those with disabilities and other groups;
7. Answers to enrollment questions- Address questions regarding access to any of the enrollment methods and the submission of enrollment documentation to the Exchange, as well as provide guidance surrounding any post-enrollment communication from carriers;
8. Furnish unbiased explanations of coverage accessed via the Exchange- IPAs must not offer any opinion or editorial on the QHPs in the Exchange, including specific recommendation of any one particular plan or carrier. Information provided by IPAs must be limited to information readily available on the web portal;
9. Additional referrals – Should an individual require assistance beyond what a certified IPA can provide (e.g. request a recommendation related to a specific QHP, seek guidance relates to the impact of health insurance on other related financial and insurance products they may have, etc.), IPAs should access an approved list of certified producers and provide the individuals with a referral.

Estimated In-Person Assister Population

In order to determine the number of In-Person Assisters that will be serving the targeted population, the Exchange has analyzed baseline population data developed by Thomson Reuters based on local projections and estimated enrollment penetration rates by target segments, where an enrollment penetration is calculated as projected number of enrollees divided by the number of eligible consumers.

Table 3 – Eligible Population Estimates

Insurance Type	Baseline Population Data	Enrollment Penetration Rates by Target Segments
Uninsured	344,582	-
FPL: 0- 138	141,837	80%
FPL: 139-190	60,725	60%
FPL: 191-300	59,755	50%
FPL: 301-400	33,710	25%
FPL: 401+	48,554	10%
Individual Direct Purchase	175,595	15%
Employer Provided Insurance (Firm Size)	2,014,645	-
Less than 10 employees	241,757	6%
10-24 employees	161,172	1%
25-99 employees	241,757	-
100-999 Employees	423,075	-
1000+ Employees	946,883	-
Total Population	2,534,822	-

Additionally, enrollment distribution and enrollment projections by type of outreach channel were developed to establish estimates for consumers that will be enrolled as a result of interaction with a particular enrollment channel, e.g. Online/Web Portal, Call Center, Broker, Navigator, and In-Person Assister.

Table 4 – Enrollment Distribution by Channel

Enrollment distribution by channel (in %)	Online Enrollment/ Web Portal	Call Center Enrollment	Broker Enrollment	Navigator Enrollment	In-Person Assister Enrollment	Total
Uninsured	25.0%	40.0%	10.0%	5.0%	20.0%	100.0%
Individual Direct Purchase	50.0%	25.0%	15.0%	5.0%	5.0%	100.0%
Employer Provided Insurance	25.0%	5.0%	65.0%	5.0%	0.0%	100.0%

Table 5 – Enrollment Projections by Channel

Enrollment projections by channel (consumers)	Online Enrollment/ Web Portal	Call Center Enrollment	Broker Enrollment	Navigator Enrollment	In-Person Assister Enrollment	Total
Uninsured	48,266	77,226	19,307	9,653	38,613	193,065
Individual Direct Purchase	13,170	6,585	3,950	1,317	1,317	26,339
Employer Provided Insurance	4,029	806	10,476	806	0	16,117
All Channel Summary (consumers)	65,465	84,617	33,733	11,776	39,930	235,521

Using the estimated above, the Exchange was able to estimate In-Person Assister interactions and the time Assisters will have to spend to support the consumers in QHP enrollment and eligibility determination. These metrics evolved into an estimated number of individual In-Person Assisters that the Exchange needs to involve in order to serve the eligible consumers:

Table 6 – Estimated Number of Assister Organizations

Metrics	Initial Open Enrollment	Stable State	Total
Total Number of Assister Interactions	101,574	25,394	126,968
Total Assister Interaction Hours	60,478	15,120	75,598
Number of FTE IPAs*	91	16	n/a

* Note that the number of FTEs presented above represents Full Time Equivalent (FTE) for the IPA workload. The number and mix of full time vs. part time IPA resources will vary to adjust to changing demands in consumer assistance.

The Connecticut Health Insurance Exchange envisions that the number of In-Person Assister organizations will increase or decrease according to Open Enrollment Periods. For example, we estimate around 91 FTE In-Person Assisters will be needed statewide for the initial five months of the Open Enrollment Period (October 2013-February 2014). Beginning March 2014, through the next Open Enrollment Period, we estimate 16 FTE In-Person Assisters will be needed. We anticipate that each open enrollment period will require fewer and fewer IPAs as consumers become more confident and experienced with the enrollment. While approximately 25% of IPAs will be full time, year-round workers, we estimate that a large group of IPAs will be temporary or part-time staff.

Key Components of In-Person Assisters Program

The In-Person Assisters program will augment the Navigator program and will be used primarily to meet the high enrollment demands, allowing the Navigators time and resources to focus on education and public outreach. Table 7 below, Components of an In-Person Assister Program, illustrates the primary

components of the program. The Baseline column reflects the standard approach that the Exchange plans to take during initial open enrollment period, and the Enhanced column reflects a more integrated IPA program that the Exchange will strive to achieve in the near future.

Table 7 – Components of an In-Person Assister Program

In-Person Assister Function	Baseline	Enhanced
IPA Support	<ul style="list-style-type: none"> Supporting materials are distributed via paper Manual handling of disputes and inquiries Outbound communications via mail or phone Assist IPAs with establishing and maintaining the appropriate web connectivity at their offices 	<ul style="list-style-type: none"> Dedicated portal for IPAs for account management and ease of reporting Self-service system for online compensation information Self-service portal with FAQs and other training aids to address standard inquiries Handling of IPA inquiries via dedicated staff at the Call Center, email Standardized escalation process and for IPA issues
Certification and Training	<ul style="list-style-type: none"> Manual training Exchange-specific certifications standards are required to sell through the Exchange Certification/procurement support Train-the-trainer materials developed to help IPAs train their organization Compensation and payment processes are standardized and automated 	<ul style="list-style-type: none"> Online training Virtual sharing of proven sales techniques and Healthcare Reform knowledge online forum/conference calls On-going meetings of IPAs to share best practices and identify areas for improvement
Oversight and Compliance	<ul style="list-style-type: none"> Dedicated staff at the Exchange to oversee program Established metrics and key performance indicators to track IPAs' effectiveness Standardized analytics gathered manually on spreadsheets 	<ul style="list-style-type: none"> Automated monthly reporting on metrics Web-based visibility for IPAs to view their metrics/data On-going analysis on ROI of IPA program

In-Person Assister Support

The Exchange staff has engaged its partners at the Department of Social Services (DSS) and the Office of the Healthcare Advocate (OHA) to help develop a robust In-Person Assister program to complement and extend the Exchange's Navigator program. Connecticut's In-Person Assister program will be distinct from the Navigator program and the Exchange will establish processes to operate the program consistent with the applicable requirements of 45 CFR 155.20(c), (d), and (e).

Connecticut has experience working with consumer advocates and State groups acting as benefit program application facilitators, often playing an active assistance role for the Medicaid population. Connecticut also has a network of DSS regional offices that could serve as venues for medical insurance, food stamps, and other services (including subsidized health insurance via the Exchange). Although the regional offices do not currently appear to have available staff time to devote to Exchange support, the breadth and depth of the DSS office network offers the Exchange an opportunity to leverage the network of DSS offices for extensive physical reach into each geographic region.

The roles and responsibilities of the In-Person Assisters will be shaped by the Exchange's specific needs when examining the full complement of outreach channels across the State. When viewing this landscape, there are two primary areas being explored as focal points for IPA efforts:

1. **Existing networks of professionals who provide eligibility and enrollment assistance with public programs.** For example, there are many health care professionals at federally-qualified health centers who are currently trained by the State to perform presumptive eligibility screenings for the State's Medicaid and CHIP programs that could be leveraged effectively. Where possible, the Exchange will direct consumers needing individualized assistance to IPAs for one-on-one assistance, rather than defaulting to Web Portal and Call Center channels. This will be done through various means including: referral to the list of online IPAs; via the website through links to IPAs; or call transfer.
2. **Leveraging state-wide infrastructure and personnel at existing state agencies.** Existing resources at the Department of Social Services and the Office of the Healthcare Advocate will be leveraged and augmented by In-Person Assisters to support consumers in filling out applications, obtaining eligibility requirements, and selecting and enrolling in a QHP. The following existing offices can be leveraged for receiving walk-ins for in-person assistance:
 - Hartford (DSS)
 - New Britain (DSS)
 - Manchester (DSS)
 - Willimantic (DSS)
 - New Haven (DSS)
 - Middletown (DSS)
 - Norwich (DSS)
 - Bridgeport (DSS)
 - Danbury (DSS)
 - Stamford (DSS)
 - Waterbury (DSS)
 - Torrington (DSS)
 - Hartford (OHA)While OHA's physical office is located in Hartford, OHA trained and affiliated resources are located across the state.

The Exchange is considering placing independent IPAs in select local offices, identified above. IPAs will offer the Exchange expertise and direct access to customer support while still capitalizing on existing office space in local communities where lower income individuals and families are already comfortable seeking assistance.

Certification and Training

In-Person Assisters will be required to complete training and certification. Health and Human Services (HHS) has indicated that it will release model In-Person Assisters training standards. Absent these training standards, the following training outline is proposed.

In-Person Assisters training will consist of an initial 4 day (32 hour) in-person training course. A majority of this training will be dedicated to topics relating to the Exchange and health coverage provided as a

result of the ACA, in addition to topics focused on ensuring the proper handling of health and financial information needed to facilitate enrollment. The remaining portion will be devoted to developing an understanding of the overall insurance marketplace, and topics related to presentation skills and consultative best practices.

Day 1	Length
Insurance Marketplace Overview	1 hour
Coverage available under the ACA	1 hours
Qualified Health Plans (actuarial values, co-insurance, co-pays, deductibles)	3 hours
Publically funded health care (CHIP, Medicaid)	3 hours
<i>Total</i>	<i>8 hours</i>
Day 2	Length
Eligibility and enrollment requirements	3 hours
Advanced Premium Tax Credits and Cost Sharing Reductions	3 hours
Means of appeal and dispute resolution	2 hours
<i>Total</i>	<i>8 hours</i>
Day 3	Length
Use of web portal	4 hours
Enrollment procedures, processes and tracking systems	2 hours
Interpersonal and consultation skills training	2 hours
<i>Total</i>	<i>8 hours</i>
Day 4	Length
HIPAA and confidentiality requirements	2 hours
Proper handling of financial and tax information	2 hours
Conflict of interest and impartiality standards	2 hours
Certification Exam	2 hours
<i>Total</i>	<i>8 hours</i>
Grand Total	32 hours

A sample training program, including topics and duration, can be found above. An in-person, multiple-choice certification test will be administered at the end of the course. A passing score of 80% or better will be required.

Finally, all individual In-Person Assisters will be required to complete a background check conducted by the Exchange to ensure no prior criminal activity, or any other conduct that would compromise the integrity of the In-Person Assister program. The background check will also verify that In-Person Assisters have at least a high-school level education, a minimum requirement given the complexity of the program.

Oversight and Compliance

The Connecticut Office for Healthcare Advocacy (OHA) will administer the Navigator and In-Person Assister Program in partnership with the Connecticut Health Insurance Exchange, through a contract award from the Exchange. Management of the In-Person Assisters program will encompass seven task areas as identified by the Exchange's Brokers, Agents and Navigators Advisory Committee:

- 1) Roles and Responsibilities
- 2) Compensation
- 3) Funding
- 4) Training and Certification
- 5) Recruitment
- 6) Monitoring
- 7) Materials and Outreach.

As an integral element of the In-Person Assister program design, OHA will contract with a consultant to conduct a needs assessment to identify specific elements necessary to tailor the IPA program. This assessment may include a detailed and exhaustive list of community groups, population and region specific barriers to outreach and more. In order to ensure that this process is inclusive, OHA will form a core "consumer consultant team" that will actively collaborate in every aspect of the Assister development from the outset, including, among other items, the design of the needs assessment, the award of Navigator grants and IPA contracts, the content and graphic design of training materials, and the recruitment program, and the design of the monitoring program.

OHA has been Connecticut's federally designated Consumer Assistance Program (CAP) administrator under the ACA since 2010. An independent state agency since 2001, OHA has directly assisted tens of thousands of Connecticut consumers with impartial education and enrollment in healthcare coverage as well as with grievances and appeals. Years of outreach efforts to and partnership with diverse community organizations endows OHA with valuable experience in the preparation of training programs and design of training materials, credibility with consumers and advocates across Connecticut, including those eligible for the ACA Medicaid expansion.

OHA's role as the state's CAP dovetails with the In-Person Assister role, which makes OHA the logical partner for the Exchange administration of the In-Person Assister program. Exchange and OHA will ensure that the program operates in compliance with 45 CFR § 155.210.

C. SUMMARY OF EXCHANGE IT GAP ANALYSIS

Connecticut engaged Mercer to assist in the Exchange's planning activities, including an assessment of the technical requirements and specifications for anticipated Exchange accounting and financial system functions. Mercer also assessed the state's existing Medicaid eligibility systems and identified the requirements for integration of these assets with the anticipated Exchange information technology infrastructure. Gaps were identified and potential interface issues were uncovered.

KPMG used the Mercer assessment as an input for the development of more detailed technical and functional business requirements for the Exchange. Specifically, KPMG conducted a current state analysis that honed the Exchange's understanding of which Connecticut IT assets may be reusable and may be leveraged as part of the CTHIX solution. The details of this analysis were previously shared with the CMS/CCIIO in Level Two Establishment Grant application.

The results of this additional analysis were a key input to the Exchange's architecture planning and included options such as whether to extend the DSS's Modernization of Client Service Delivery (MCSD) initiative platform to include a new eligibility service for the Exchange.

Technical Architecture

Based on the results of the IT Gap Assessment, the Exchange developed a high-level operating model and a high-level Business and Technology Architecture blueprint to guide further development of a HIX solution for Connecticut. These architectural models are based on the CMS guidelines/blueprints and have been extended to incorporate the specific needs of Connecticut. The models are inclusive of experience from other state HIX initiatives.

To understand the breadth of potential HIX solutions on the market, the Exchange solicited responses to a Request for Information (RFI), issued in April 2012. Based on the responses to the RFI, the Exchange invited seven vendors to demonstrate their Exchange product offerings. Employing a custom-built solution approach is counter to meeting the reuse goals of the Funding Opportunity Announcement (FOA) and to meeting the tight deadlines associated with implementing an Exchange that fully complies with the requirements of the ACA. Therefore, the Exchange selected Deloitte as the System Integrator, and procured a highly configurable solution that is based on a proven technology platform which reuses as many existing IT assets as possible. Deloitte's HIX solution for Connecticut will leverage the existing technology that Deloitte is implementing in their solution for the State of Washington Health Insurance Exchange.

Architecture Planning and Solution Reviews

Based on the results of the IT Gap Assessment, the Exchange developed a high-level operating model and a high-level Business and Technology Architecture blueprint to guide further development of a HIX solution for Connecticut. These architectural models are based on the CMS guidelines/blueprints and have been extended to incorporate the specific needs of Connecticut. The models are inclusive of experience from other state HIX initiatives.

As such, the Exchange focused on procuring a highly configurable solution that is based on a proven technology platform and reuses as many existing IT assets as possible. As stated above, the Exchange selected Deloitte as the system integrator for the state of Connecticut. In keeping with the goal to leverage proven technology, Connecticut's HIX system will leverage the technology from the Deloitte solution being implemented for the State of Washington.

Solution Reuse and Procurement

As previously communicated to CMS/CCIIO, the Exchange will procure specific individual COTS solutions and broad-range integrated technology solutions. As well, the CTHIX will reuse existing IT assets to address the various high-level functional groups within the Exchange business architecture. These include:

- IT Management – Leverage a combination of existing Connecticut IT Management guidelines and CMS guidance
- Financial Management and Reporting – Use a specialized COTS solution
- Asset Management – Leverage internal manual processes within CTHIX
- Human Resource Management – Leverage internal manual processes within CTHIX
- Procurement Management – Use a specialized COTS solution
- Premium and Tax Credit Processing – Outsource to solution vendor or require issuers to process
- Plan Certification and Risk Management – Reuse processes and solution from Connecticut Insurance Department (CID) through the National Association of Insurance Commissioners' (NAIC) System for Electronic Rate and Form Filing (SERFF); leverage existing state-based entity for administration of transitional reinsurance program; and initially defer administration of the risk adjustment program to the federal government while Connecticut's APCD is being established. The system integrator is currently designing this functionality into the HIX system for Connecticut.
- Eligibility, Enrollment, Comparison Shopping, Account Management – Procure an integrated technology solution for eligibility. The System Integrator has completed requirements confirmation session and is currently conducting design sessions.
- Customer Service – Outsource solution. A Call Center RFP was published on October 5, 2012 and a vendor was selected on December 18, 2012.
- Marketing and Outreach – Outsource solution (see the Capacity to Oversee Multiple Funding Streams section).
- SHOP Exchange – Outsource solution. A SHOP Exchange RFP was published on December 17, 2012 (see the Providing Assistance to Individuals and Small Businesses, Coverage and Appeals, and Complaints section).

Core Functional and Technical Requirements

The Exchange has engaged KPMG to define functional and technical requirements for the procurement of a CTHIX technology solution. The functional and technical requirements definition covers the functional areas defined by CMS guidelines where an integrated technology solution is to be procured. The solution that is procured is expected to support the functionality and transaction volume of the Exchange user base and will be operational no later than October 1, 2013.

The requirements developed for the Exchange technology solution were documented in a Requirements Traceability Matrix and in Functional Process Flow Diagrams, which demonstrate the process flows of all major functional areas to be included in the integrated CTHIX solution. The baseline requirements were confirmed in a series of requirements confirmation sessions held by the system integrator, Deloitte,

starting on October 11, 2012 and concluding on November 7, 2012. The System Integrator is currently in the process of confirming the system design via design confirmation sessions that began on November 6, 2012 and will conclude in January 2013.

Reuse of Platforms

The Exchange plans to reuse infrastructure and technology platforms and processes where feasible. Specifically, the Exchange's reuse strategy is based around key areas including:

- Market – Leverage foundational and COTS software packages and potentially transferable solutions based on a COTS platform. The system integrator, Deloitte, was selected based on a largely transferrable solution from the state of Washington.
- Connecticut Technology Resources – Leverage existing systems, standards, and capabilities, standards, and platforms from DSS, OSC, CID, and BEST.

D. EVALUATION PLAN

A key component of the success of the In-Person Assister program success is the creation of an evaluation plan, which will include metrics around planning, establishment, and operations. The evaluation plan will measure each of these areas to ensure that objectives are successfully met. The Exchange senior leadership team – including the Chief Operating Officer (COO) and Chief Financial Officer (CFO) – will bring a broad perspective to the design of the evaluation plan, assuring that the goals and time-lines are met and the process is integrated with and inclusive of other health reform efforts.

To ensure progress is monitored and measured, the Exchange will develop reports, which outline basic metrics around project execution, quality measurements, and process improvement for the In-Person Assister Program. These reports will include explanations of key indicators, baseline data, methods for monitoring progress and evaluating the achievement of program goals. Additionally, they will describe Connecticut's approach to proactive intervention should targets not be met or unexpected obstacles occur, as well as an outline of the ongoing evaluation approach the Exchange will adopt once the organization is operational.

The key indicators selected for measurement are derived from the principal tasks and milestones to be completed and achieved within each Exchange development core area. Once the Exchange is established and is in operation, metrics that focus on operations and customer service will be added.

Appropriate metrics provide a way to quantify the performance and quality of work performed by the Exchange's In-Person Assistants. Different metrics are appropriate for measuring performance in various areas. For example, performance metrics appropriate to In-Person Assistants are not necessarily appropriate for measuring overall success of the Exchange in meeting its goals. Incorporating performance metrics into the design and implementation of the In-Person Assister program is important. Incorporating performance measures into the design of the In-Person Assister program will enable the Exchange to measure performance in the areas it determines critical to its operation.

The Exchange will need to measure and provide oversight of In-Person Assisters performance, including reporting productivity metrics. The program's return-on-investment (ROI) will need to be periodically re-evaluated as part of ongoing operations. As a means to ensure that the In-Person Assister program is performing optimally in Connecticut, and to provide data to suggest future improvements, the Exchange will monitor available education and enrollment metrics throughout the year. This will include, but is not limited to:

- Ongoing surveys of Exchange eligible residents to gauge improvement in:
 - Awareness and understanding of Exchange operations and functions
 - Awareness and understanding of QHP and Medicaid benefits
 - Use of services such as preventative care and routine exams
- Attendance numbers for education and enrollment events
- Response (web, call and in-person) to collateral distributed
- Enrollments processed

With respect to enrollment, given the importance of this metric to both the In-Person Assister program, as well as overall Exchange operations, functionality included in the design and development of the Exchange's web portal will be utilized to ensure accurate tracking. In-Person Assisters will enter a unique ID number (issued upon completion of the certification program) into the web portal when assisting a consumer with enrollment. This code will help staff review enrollment trends and monitor post enrollment surveys. Enrollment trends can be analyzed to determine if certain In-Person Assisters are over- or under-performing, and aid in resource alignment. Post-transaction surveys will be available to the consumer so that they may provide feedback on the enrollment experience.

Sample In-Person Assister Program Performance Metrics below, provides potential In-Person Assisters performance measurements considered by other States in designing their Exchange programs.

Table 8 – Sample Exchange Metrics

Measurement Area	Measurement Indicator	Data Source
Enrollees	# of individuals enrolled through Exchange with IPA Assisters	CTHIX
	# of difficult to reach/uninsured individuals enrolled through Exchange with IPA Assisters	CTHIX
	Enrollments via IPA per dollar spent	CTHIX
	Re-work of enrollees required from IPA enrollments/eligibility assessment	CTHIX
	Complaints from consumers issued against IPA	CTHIX

As stated in the Oversight and Compliance section above, the Exchange and OHA will jointly administer the In-Person Assister Program. OHA, taking a leading role in administration of the program, will develop and maintain comprehensive protocols at each step of the process. Training and outreach materials will

be assessed to ensure accuracy and accessibility. In-Person Assisters will report on their activities and success, as well as identify areas for improvement or deficiencies in outreach.

Identification of the baseline data indicators will be developed as part of the Exchange's implementation effort. A specific framework will be identified for these baseline data and reporting elements. Finally, to measure the overall success of health reform, population-based metrics will be tracked and reported.

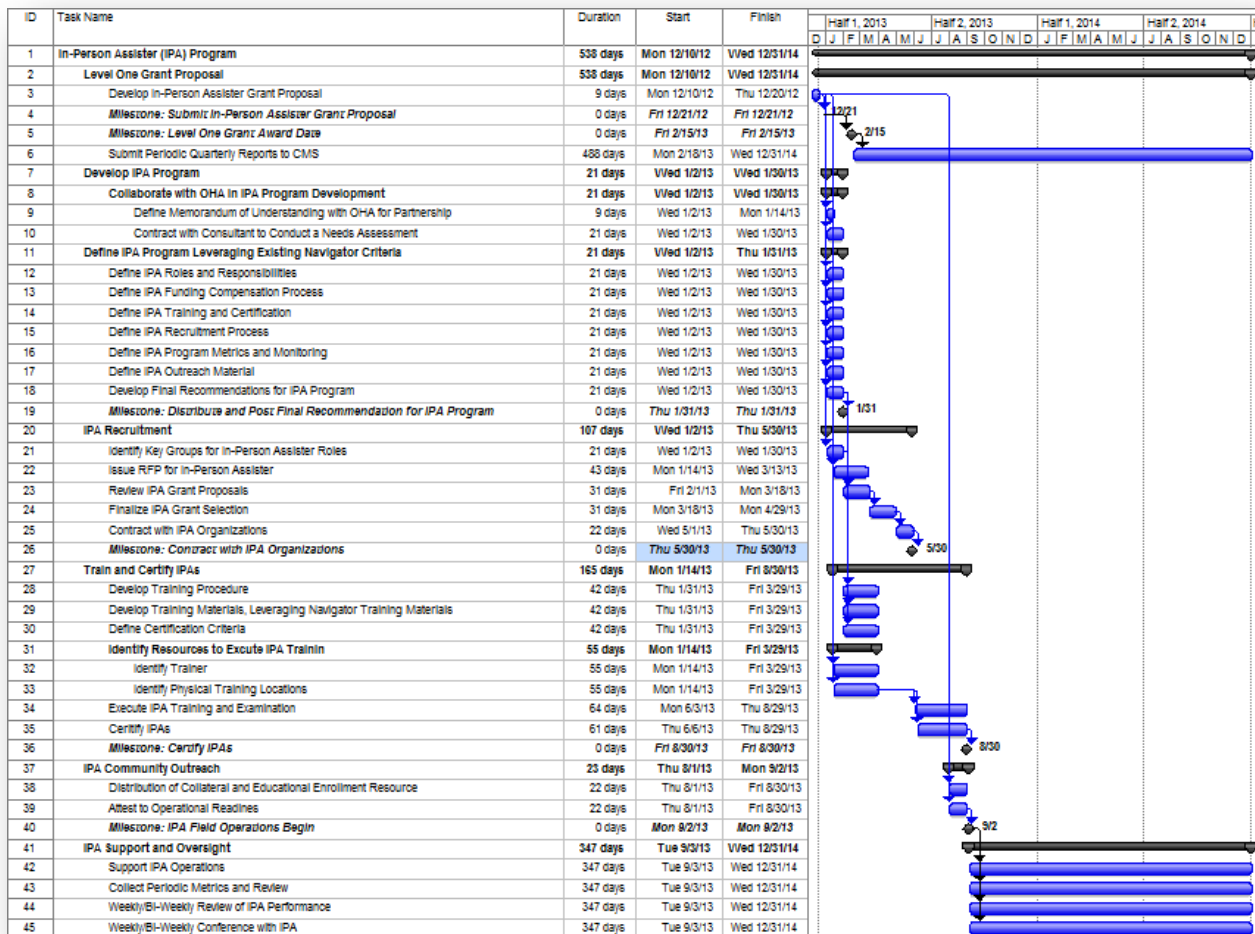
F. WORKPLAN

The Exchange has developed a work plan to facilitate milestone tracking and reporting. The work plan is designed to ensure that the Exchange meets all of the critical milestones identified in CCIIO's FOA. As Exchange implementation progresses, a more detailed work plan will emerge. The work plan will be continually enhanced and maintained by the Exchange IEPMO, in close collaboration with all relevant vendors and partners. It will be an important tool in the management and monitoring of all areas of Exchange development.

A summary view of the current Exchange In-Person Assister program work plan and time line is provided on the following page. The full version of the work plan and time line is available on CALT (doc 10517). In addition to the graphical In-Person Assister work plan and time line included here, the Project Management Plan will be used to guide the management and monitoring of these activities. The Exchange Project Management Plan is also available on CALT (doc 7465).

Our timeline calls for contracting with the IPA organizations by May 2013 to ensure that individual IPAs are in place and ready to participate in training by June 2013. We expect to have IPAs "on the ground" by September 2013, performing targeted work in communities across Connecticut to educate the population about the Health Insurance Exchange and the upcoming Open Enrollment period. These personnel will then have the initial relationships and experience to facilitate actual enrollment during the initial Open Enrollment period of October 2013 – March 2014. Please note, that this the work plan assumes that the grant award is made on or around February 15, 2013 and that the grant period will run for one calendar year, through February 14, 2014.

State of Connecticut Level One Establishment Grant Application
Funding Opportunity Number: IE-HBE-12-001/CFDA: 93.525



G. BUDGET NARRATIVE

Budget Overview

This section describes Connecticut's Level One Grant budget request and the assumptions and key variables underlying the development of this budget. Our Level One Grant In-Person Assister request is a grant period of February 15th, 2013 through February 15th, 2014. A summary-level breakdown of this request follows in the tables below.

As the tables below reflect, the majority of the budget will be allocated to contractual costs that will fund In-Person Assistants. These costs are highly dependent upon the number of IPAs that are hired for the initial enrollment and stable state periods and are estimated in the section that follows. The Exchange intends to maximize every opportunity to leverage outputs from within State government, as well as from other states, throughout this integrated process. This will allow the Exchange to be dynamic in its response to changes in the marketplace, as well as responsive to unexpected changes in funding and revenue streams.

Table 9 – Summary Budget

Index	Category	2013	2014	Total
A	Salaries	\$222,250	\$31,750	\$254,000
B	Fringe	\$155,575	\$22,225	\$177,800
C	Consultants	\$183,750	\$26,250	\$210,000
D	Equipment	\$23,148	\$4,630	\$27,778
E	Supplies	\$190,230	\$46,890	\$237,120
F	Travel	\$4,813	\$687	\$5,500
G	Other	\$45,550	\$2,850	\$48,400
H	Contractual Costs	\$1,531,472	\$362,868	\$1,894,340
I	Total Direct Costs	\$2,356,788	\$498,150	\$2,854,938
J	Indirect Costs	-	-	-
K	Total Direct and Indirect Costs	\$2,356,788	\$498,150	\$2,854,938
	Less Medicaid Allocable	\$508,015	\$127,004	\$635,019
	Total Costs	\$1,848,773	\$371,146	\$2,219,919

In terms of managing multiple grant funding streams, the Exchange will continue to adhere to all required financial monitoring activities. The Exchange has experience overseeing multiple grant funding streams, and will continue to use existing internal processes to manage IPA grant funds, as well as the other funding streams such as the Exchange Planning Grant, Level One and Level Two Establishment Grants, State Consumer Assistance Grant (CAP), and Rate Review Grant.

Capacity to Oversee Multiple Funding Streams

To-date, the Exchange has secured \$9.3M in Level One and Level Two grants to conduct its Marketing and Outreach activity (see table 10 below). The Level One grant and Level One Supplemental funding received was devoted exclusively to performing qualitative and quantitative stakeholder, consumer and small business market research, and the associated vendor services involved with performing this work.

Funding secured for marketing and outreach services via the Level Two grant totals \$8.8M over a three year time period. The majority of marketing and outreach related funding (\$8M or 90%) is dedicated to the design, development and deployment of our advertising and marketing campaign to support awareness and enrollment leading up to, and during, open enrollment beginning in October of 2013. Additionally, funds in subsequent years will be used to support the refinement and redeployment of these efforts for the open enrollment period in 2014.

Funds to support marketing-related web design and development work (which is separate from the major IT work underway to build out the front end Exchange web interface) make up 4% (or \$350,000) of the remaining Level Two funds, followed by \$500,000 earmarked for outreach and education.

Table 10 – Multiple Funding Streams

Marketing and Outreach Funding	2012	2013	2014	Total	Allocation
Level 1 Establishment Grant	\$508,350	\$0	\$0	\$508,350	
Level 1 Supplement Grant	\$40,000	\$0	\$0	\$40,000	
Level 1 Subtotal Request	\$548,350	\$0	\$0	\$548,350	HIX
Level 2 Grant					
Advertising Campaign – Vendor	\$1,200,000	\$3,600,000	\$3,200,000	\$8,000,000	
Web Design and Development	\$87,500	\$262,500	\$0	\$350,000	
Outreach and Education	\$150,000	\$300,000	\$50,000	\$500,000	
Level 2 Subtotal Request	\$1,437,500	\$4,162,500	\$3,250,000	\$8,850,000	HIX
Level 1 IPA Grant	\$0	\$2,356,788	\$498,150	\$2,854,938	
Less Medicaid Allocable	\$0	\$508,015	\$127,004	\$635,019	DSS
Level 1 IPA Subtotal Request	\$0	\$1,848,773	\$371,146	\$2,219,919	HIX

The Connecticut In-Person Assister program will reach populations of uninsured and underinsured individuals who do not typically interact with the established insurance purchasing system (the introduction of the In-Person-Assister role had not been made at the time of our application submission). The Exchange plans to deploy a robust network of well-trained individuals to engage, educate and enroll individuals directly in the towns they live in, regardless of their own level of sophistication when it comes to navigating the insurance purchasing system. Two major funding

categories are required to deploy this type of program: financial resources to train and certify these individuals, as well as funding which can be used to establish contracts with qualifying organizations, enabling them to conduct this vital outreach.

As the Exchange is prohibited from using either of its current Level One or Level Two grants to fund the Navigator program, no money has been allotted for this part of the outreach program. However, for the training portion the Exchange will utilize the \$500,000 in Level Two funds related to outreach, of which \$300,000 of this has been set aside for use in developing and executing a training and certification program in 2013. With Connecticut's outreach plan consisting of both Navigators and the new In-Person-Assister role, additional dollars are also being requested to support the training and certification of this larger group of individuals, beyond what was originally requested in the Level Two grant.

Cost Allocation Guidelines

The Connecticut Health Insurance Exchange has been consistent in using a cost allocation methodology to appropriately allocate shared development, systems and operations costs among the Exchange and other agencies involved in the Exchange and Integrated Eligibility project, such as DSS. The allocation methodology is compliant with CMS cost allocation requirements as well as with OMB Circular A-87 requirements and the tri-agency letters released August 10, 2011 and January 23, 2012, as Connecticut will be invoking the exception. In developing and leveraging the cost allocation methodology, the Exchange has identified the following systems services and features that will be used across programs and are likely to be the subject of cost allocation between Medicaid, CHIP, the Exchange, and other programs:

- Consumer Portal
- Integrated/Unified Eligibility
- Business Rules Management
- Interfaces to Federal Data Services Hub and Other Verification Sources
- Account Creation and Case Notes
- Customer Service Technology Support
- Outbound Notices
- Interfaces to Navigators or Other Outreach Organizations
- Necessary Enabling Services to Support These Functions; e.g., Identity Management, Security and Privacy Controls
- Reporting and Analysis.

This Level One grant budget will fund the In-Person Assister program that will be targeting the Exchange eligible population; these enhanced outreach efforts will likely increase enrollment in the State's Medicaid programs. Therefore, the IPA contractual costs must be allocated proportionately between the Medicaid programs and the Exchange. Our allocation methodology is comprised of four steps and is consistent to methodology used as part of the Level Two Establishment grant.

As it applies to establishing the In-Person Assister program, the split between the Exchange and Medicaid is consistent with the allocation applied to Level Two Grant and Expedited Advance Planning Document (EAPD), and is based on the function point analysis.

Step 1 - Assess the User Population

To arrive at the Medicaid vs. Exchange split, the annual estimate for recipients for these programs was used to determine allocation of costs to Medicaid and the Exchange. The number and characteristics of Connecticut residents that are currently uninsured, underinsured, and Medicaid MAGI, and CHIP eligible were assessed to develop estimates of potential enrollees in the Exchange and Medicaid that will come through the In- Person Assister channel.

Program	Level 2 Grant Allocation	DSS EAPD Allocation	Level 1 IPA Allocation
HIX	65%	0%	65%
Medicaid MAGI	35%	97.5%	34.1%
CHIP		2.5%	0.9%
Total	100%	100%	100%

Step 2 – Identify System Functions and Function Points

For the Broker/Navigator/In-Person Assister functional area, we determined the number of function points involved. As it applies to establishing an In-person Assister program, the program split between the Exchange and Medicaid/CHIP is consistent with the allocation applied to the Level Two grant and EAPD, and is based on the function point analysis. To arrive at the HIX vs. Medicaid/CHIP program split, the number of function points for all components was totaled by program and a program split was calculated. The Medicaid/CHIP allocation for Broker/Navigator Relationship Management is 65% Exchange and 35% Medicaid/CHIP.

Functional Component	Function Point Count	Exchange Allocation	Medicaid/CHIP Allocation	Shared
Broker / Navigator Relationship Management	586	381	205	y

Step 3 – Allocate Functions and Function Points to Programs

The allocation was further analyzed to determine which programs were supported by the function and allocate function points accordingly. The table below Exchange-Medicaid Program-Based Cost Allocation Methodology illustrates the allocation approach.

Programs Supported	Allocation	
	Exchange	Medicaid
Exchange Only	100%	0%
Exchange and Medicaid	Shared Based on Estimated User Population	
Medicaid Only	0%	100%

Step 4 – Calculate Allocation of Costs

To arrive at the overall program split, the number of function points for IPA management components were totaled by program and a program split was calculated. The contractual costs to hire In Person-Assister personnel were therefore allocated as follows:

Contractual Costs	2013	2014	Total
HIX	\$943,457	\$235,864	\$1,179,321
Medicaid MAGI	\$494,952	\$123,738	\$618,690
CHIP	\$13,063	\$3,266	\$16,329
Total	\$1,451,472	\$362,868	\$1,814,340

Budget Line Item Detail

A. Salaries

Total salary cost for the grant period (12 months) is estimated to be \$254,000. During calendar year 2013, the Exchange anticipates hiring four full-time employees (FTEs) to oversee the In-Person Assister program, including IPA Manager, IPA Training Coordinator, IPA Recruitment Coordinator, and IPA Administrative Assistant. Please note that these are new positions that are planned for the administration of the In-Person Assister program, and were not accounted for in the Level Two Establishment grant. The Table below illustrates personnel levels and salaries.

Table 10 – Salaries

Index	Category	2013	2014	Total
A	Salaries	\$222,250	\$31,750	\$254,000
	IPA Manager	\$74,375	\$10,625	\$85,000
	IPA Training Coordinator	\$52,500	\$7,500	\$60,000
	IPA Recruitment Coordinator	\$52,500	\$7,500	\$60,000
	IPA Administrative Assistant	\$42,875	\$6,125	\$49,000

B. Fringe Benefits

Total Fringe Benefits cost for the grant period is estimated to be \$177,800 (70%) and accounts for IPA staff potentially being embedded in other agencies (e.g. OHA).

Table 11 – Fringe

Index	Category	2013	2014	Total
B	Fringe	\$155,575	\$22,225	\$177,800
	Fringe	\$155,575	\$22,225	\$177,800

C. Consultants

Total consultant cost for the grant period is estimated to be \$210,000. These projects costs are associated with professional services related specifically to the In-Person Assister Program and cover training costs for IPAs beyond what the Exchange has obtained via its Level Two grant. These costs include the need for additional training space and resources to account for IPAs.

Table 12 – Consultants

Index	Category	2013	2014	Total
C	Consultants	\$183,750	\$26,250	\$210,000
	Translation services for curriculum & outreach materials	\$13,125	\$1,875	\$15,000
	Consultant for development of a network of participating organizations	\$26,250	\$3,750	\$30,000
	Consultant to host web training for In-Person Assisters	\$144,375	\$20,625	\$165,000

Consulting Project 1 – Translation services for curriculum & outreach materials – \$15,000

Planned Services Provide services to translate both training and IPA education collateral into different languages required based on Connecticut’s diverse population, and its communities containing significant numbers of uninsured and underinsured.

Relevance of Service In order to effectively engage Connecticut consumers who are likely to benefit from and utilize the Exchange, culturally and linguistically appropriate materials will be necessary to aid in explaining challenging insurance-related concepts.

Consulting Project 2 – Consultant for development of a network of participating organizations – \$30,000

Planned Services With Connecticut’s sizeable network of advocates and community health organizations, work will need to be done to prepare a comprehensive overview of these entities as it relates to potential IPA organizations.

Relevance of Service As we seek to identify IPA entities via a competitive RFP process, having a comprehensive list of potential organizations (in addition to general marketplace promotion of the RFP process) will aid in ensuring we attract the best possible RFP applicants, and thereby fully leverage the IPA contracts that will be distributed.

Consulting Project 3 – Consultant to host web training for In-Person Assisters – \$165,000

Planned Services With new individuals participating in education and outreach efforts as IPAs, additional resources will be needed to refine (if need be) Navigator training modules for IPA use, as well as secure additional locations/time/equipment to provide training for IPAs.

Relevance of Service Well-trained IPAs will be critical to the Exchange’s enrollment success. Additionally, with large numbers of both Navigators and IPAs, adequate training resources must be secured to avoid training delays.

We estimate a large portion of training costs will be for development of the training programs. The funding to develop the training materials \$500,000 was already requested as part of Level Two Grant. Since much of the developed Broker/Navigator training content can also be utilized to train In-Person Assisters, through this Level One grant, the Exchange requests only an incremental amount of \$165,000 for hosting the web-based training for In-Person Assisters.

D. Equipment

Total equipment cost for the grant period is estimated to be \$27,778.

Table 13 – Equipment

Index	Category	2013	2014	Total
D	Equipment (incl. upgrades)	\$23,148	\$4,630	\$27,778
	Computers for new staff	\$12,000	\$2,400	\$14,400
	Software for computers	\$6,000	\$1,200	\$7,200
	Adobe Suite Software	\$5,148	\$1,030	\$6,178

Estimated equipment for four new staff and costs are described below:

- Computers (Laptop or Desktop): \$3,000 per new FTE for desktop or laptop computer, monitor, keyboard, and mouse, 20% for maintenance and upgrade
- Software: \$1,500 per new FTE, based on estimated retail price for Microsoft Office Professional 2010 and Windows 7, and \$1,287 per new FTE for Adobe Suite Software, 20% for upgrade

E. Supplies

Total supply cost for the grant period is estimated to be \$237,120.

Table 14 – Supplies

Index	Category	2013	2014	Total
E	Supplies	\$190,230	\$46,890	\$237,120
	Printing/distribution of IPA outreach materials	\$187,200	\$46,800	\$234,000
	Printing of IPA training materials	\$2,400		\$2,400
	Paper, printer supplies, pens, etc.	\$630	\$90	\$720

Estimated costs for supplies are described below:

- Printing/distribution of IPA outreach materials: 130,000 pieces X \$1.20.
- Printing of IPA training materials: 600 pieces X \$4.
- General office supplies are estimated at \$180/FTE/Year, or \$15/FTE/Month (account for four new staff).

F. Travel

Total travel cost for the grant period is estimated to be \$5,500.

Table 15 – Travel

Index	Category	2013	2014	Total
F	Travel	\$4,813	\$687	\$5,500
	Travel	\$4,813	\$687	\$5,500

Estimated travel costs are described below:

- There will be heavier travel required for IPA staff in 2013 related to beginning of the Open Enrollment period (\$0.55 x 2.5k miles x 4FTEs).

G. Other

The amount estimated for other expenses is inclusive of other ancillary business and staff expenses required for the Exchange and is estimated to be \$48,400. Detailed assumptions for other administrative expenses are itemized below.

Table 16 – Other

Index	Category	2013	2014	Total
G	Other	\$45,550	\$2,850	\$48,400
	Toll Free Line	\$15,750	\$2,250	\$18,000
	Rental of Computer Facilities for Trainings	\$25,600		\$25,600
	Cell Phones	\$4,200	\$600	\$4,800

Estimated Other costs are described below:

- A dedicated toll-free line for In-Person Assisters will be used to answer ongoing IPA questions about the In-Person Assister program. The toll-free line will also be use for referrals from In-Person Assisters groups to other State agencies for consumer assistance. Toll free line is estimated at \$1,500/month.
- Development of training for Navigators and In-Person Assisters will be funded through the Level Two Grant. The costs presented in the current Level One Grant are associated with rental of computer facilities for trainings of In-Person Assisters (\$800/day x 4 day training x 8 trainings).
- Mobile device use is estimated at \$100 per month per FTE (account for four new staff).

H. Contractual Costs

We anticipate that the number of In-Person Assister organizations will fluctuate throughout the year to reflect initial open enrollment phase of the Exchange and a steady state in the first quarter of 2014.

Table 17 – Contractual Costs

Index	Category	2013	2014	Total
H	Contractual Costs	\$1,531,472	\$362,868	\$1,894,340
	IPA Contracts	\$1,451,472	\$362,868	\$1,814,340
	Contract for Manual Medicaid Eligibility - Content	\$40,000		\$40,000
	Contract for Manual Exchange/Plans/Enrollment - Content	\$40,000		\$40,000

IPA Contracts – \$1,814,340

Planned Services	There are many moderately sized community-based organizations in Connecticut that reach thousands of Connecticut residents through their member community organizations. There are hundreds of other, small community organizations in Connecticut that could provide In-Person Assisters services to additional Connecticut residents. Under our model, certified IPAs will be affiliated with an IPA organization that will contract with OHA for IPA funding. The IPA contract organizations will be accountable for IPA contract deliverables, including engaging IPAs, ensuring training/certification, and supervision and support of individual IPAs. IPA organizations will apply for IPA funding specific to the population (number and demographics) they plan to serve. IPA organization cost projections are based on hourly IPA pay of \$30 per hour, that includes fringe benefits, organization overhead (including wireless fees and equipment costs for laptop computer and smart phone), and travel costs for IPAs. The hourly rate was multiplied by the number of Total IPA Interaction Hours for Initial Open Enrollment 60,478 (see Table 6) to arrive at the required contract amount of \$1,814,340. Note, that the funding requested within this Level One grant covers the Initial Open Enrollment period through February 15, 2014 and does not extend into the stable state of Exchange operations.
Relevance of Service	Identification of In-Person Assisters organizations will be an important element to reach Exchange-eligible individuals.

Contract for Manual Medicaid Eligibility - Content – \$40,000

Planned Services	Secure resources to develop training content related to Medicaid eligibility standards and processes for IPA training.
Relevance of Service	IPA's will likely interact with several individuals who will qualify for Medicaid. Ensuring a firm understanding of the eligibility and enrollment process for these services will be critical to providing a positive consumer experience

Contract for Manual Exchange/Plans/Enrollment - Content – \$40,000

Planned Services	Secure resources to develop training content related to CTHIX and MAGI eligibility standards and processes for IPA training.
Relevance of Service	IPA's will likely interact with several individuals who will qualify for APTC's to facilitate the purchase of QHP's. Ensuring a firm understanding of the eligibility and enrollment process for these services will be critical to providing a positive consumer experience

I. DESCRIPTIONS FOR KEY PERSONNEL & ORGANIZATIONAL CHART

Organizational Overview

The Exchange has made progress leveraging the Level One and Two Establishment Grants funding to staff the core positions required to set-up and establish the Exchange. Additionally, the Exchange has created a dynamic approach to staffing the organization for successful ongoing operations while simultaneously managing the design, development and implementation of the Exchange solution.

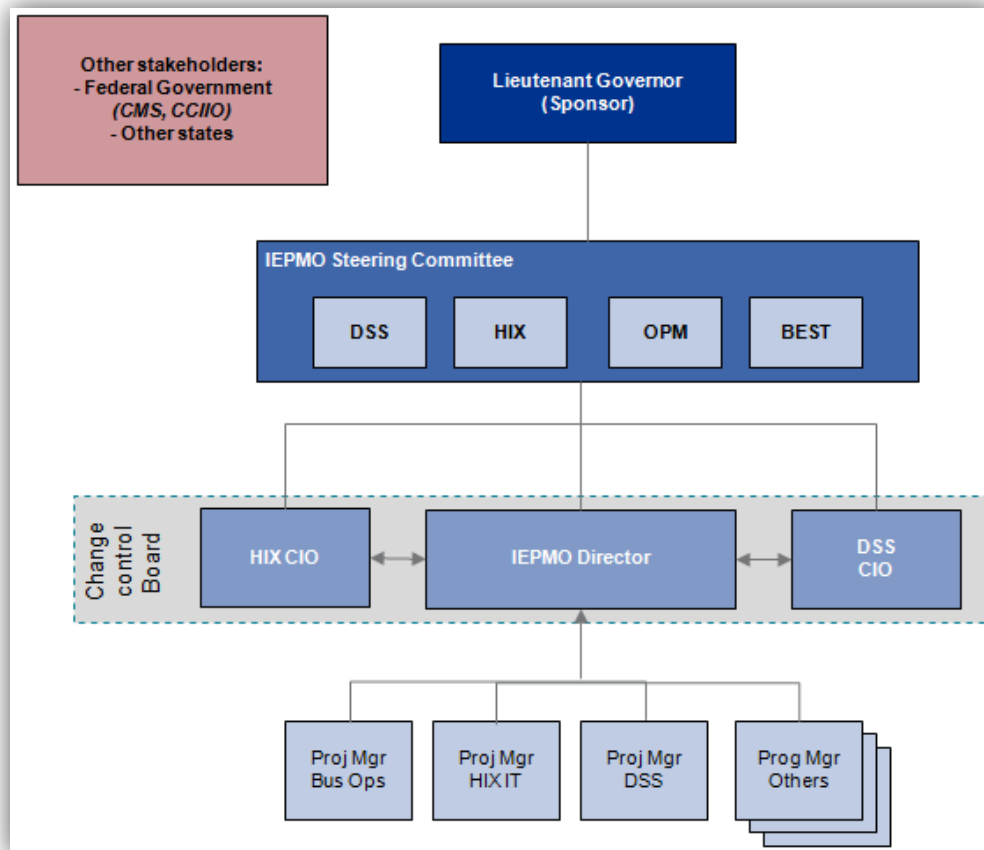
The following section describes the path the Exchange has taken to evolve from a small “start-up” organization to one that stands ready to operate a fully-functioning, ACA-compliant Health Insurance Exchange.

The Integrated Eligibility Program Management Office chart below provides the organizational structure for the Exchange. This is an aggregate view of the organization and does not reflect specific reporting structures. As noted above, the Exchange organization was designed to support two key initiatives:

1. Establishing the Exchange for ongoing operations, and
2. Implementing the selected Exchange solution to meet the milestones and deadlines of the ACA.

To support effective and client-centric human services delivery within the state, the Health Insurance Exchange leadership and commissioners of Connecticut agencies, including DSS, Department of Children and Families (DCF), Department of Public Health (DPH), Department of Developmental Services (DDS) along with the Secretary of the Office of Policy Management (OPM) and the Chief Information Officer from Bureau of Enterprise Systems Technology (BEST) have agreed to the vision of a single Integrated Eligibility system.

Dannel Malloy, Governor of Connecticut, has appointed Lieutenant Governor Nancy Wyman as the Chairperson of the Exchange Board of Directors and Executive Sponsor of the Integrated Eligibility Project. In order to move forward efficiently, Connecticut has created a project organization that brings together all the key stakeholders of this effort. This consists of two major elements including an Executive Steering Committee and an Integrated Eligibility Program Management Office depicted on the *Integrated Eligibility Program Management Office (IEPMO) chart* below.



Executive Steering Committee

The Executive Steering Committee, chaired by the Lieutenant Governor, provides governance and overall direction for the Exchange/Integrated Eligibility project. Executive Steering Committee Members include:

- Lieutenant Governor (Executive Sponsor and Steering Committee Chair)
- Commissioner, Department of Social Services
- State CIO, Department of Administrative Services (DAS) Bureau of Enterprise Systems and Technology (BEST)
- Chief Executive Officer, Connecticut Health Insurance Exchange

- Secretary, Office of Policy and Management.

The Steering Committee will review all key management, budget and technical decisions, and provide direction and support to the program management office. This Steering Committee plans to meet at least monthly during the initial planning, design and development stages of the project.

Integrated Eligibility Program Management Office

In order for the Exchange and DSS to meet the ACA timelines and the operational benchmarks for a state-based Exchange, the state will utilize an Integrated Eligibility Program Management Office (IEPMO). The IEPMO will facilitate the aggressive build schedule established by the Funding Opportunity Announcement (FOA) delivery milestone guidelines and the deadlines required by the ACA to ensure program integration across state agencies. Additionally, the IEPMO approach will allow for successful knowledge transfer and immersion between the IEPMO staff and the team required to support the integrated eligibility service going forward. The IEPMO will provide the following resources to support the dual immersion and implementation objectives of:

- Establishing an integrated, independent and dedicated team tasked with managing the IT build and coordinating with the Exchange operational organization to prepare the HIX for sustained success
- Coordinating activities with Connecticut agencies, other states and federal agencies
- Providing project management and domain subject matter expertise (SMEs)
- Supporting the immersion and on-boarding of new HIX leadership and key staff by aligning IEPMO SMEs with key HIX management roles
- Managing the systems integrator and other contractual relationships associated with the IT build

The IEPMO is jointly directed by senior HIX and DSS officials, and will fall under the governance of the Project Sponsor (the Office of the Lieutenant Governor) and a multi-jurisdictional steering committee that includes HIX and key Exchange stakeholder agencies (OPM, BEST and DSS). An important asset in an IEPMO approach is the scalability of its structure and the ability to respond quickly in order to effectively address resource fluctuations in the project's phasing.

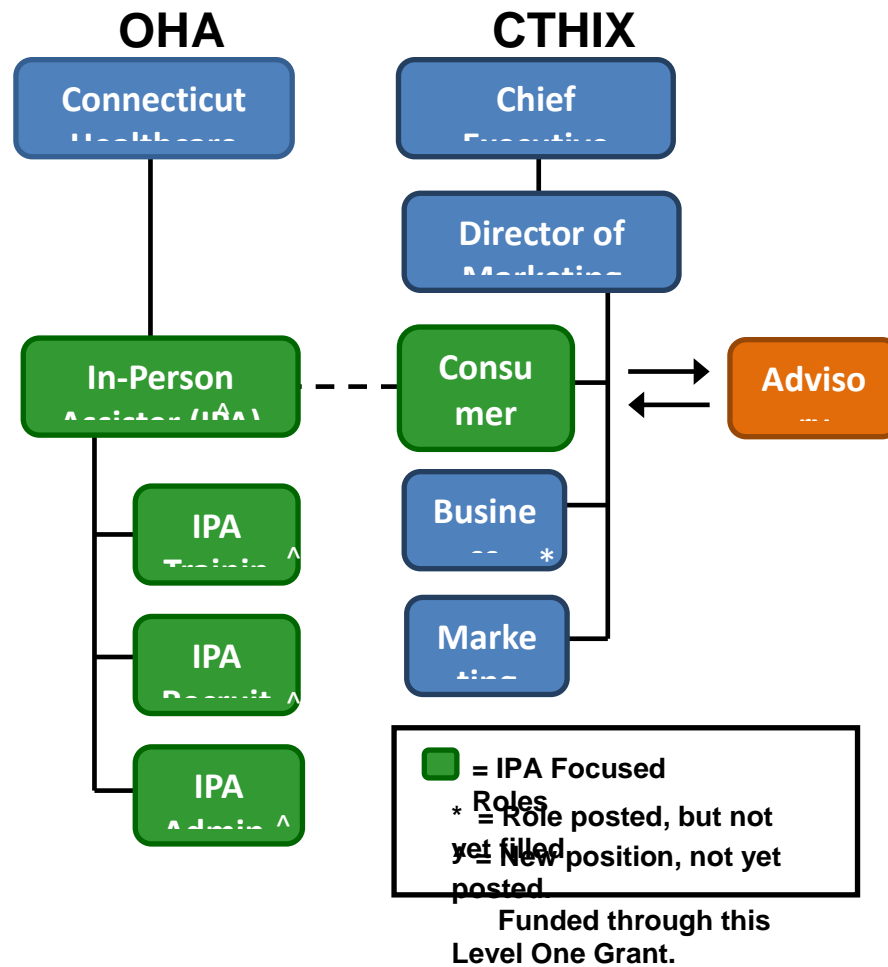
The State of Connecticut is prepared to undertake this initiative using the core team referenced above, supplemental subject matter experts, and with direction and support from the project Executive Steering Committee. As we are now well into our functional requirements gathering and confirmation activities, this senior management support and agency collaboration has proven effective in bringing the right staff with the right background to assist in defining the requirements of the Exchange/Integrated Eligibility solution.

Staffing Plan

The following section of the application presents the Exchange's staffing plan and provides justification for the envisioned positions including roles and responsibilities. Each of these key leadership positions is devoted full-time to the Exchange.

Organizational Chart

Within this Level One Grant, the Exchange is requesting funding for **four new full time positions** to be created within the Exchange to work under the joint direction of the Connecticut Healthcare Advocate and Exchange Director of Marketing and Communications be fully allocated to the In-Person Assister program:



Position Descriptions

Connecticut Healthcare Advocate

The State Healthcare Advocate will actively collaborate in every aspect of the Navigator and In-Person Assister Programs including, among other items, the design of the needs assessment, the award of IPA contracts, the content and graphic design of training materials and the recruitment program and the design of the quality assurance program and outreach.

Chief Marketing Officer and Communications

The Chief Marketing Officer will oversee the sales and marketing of health plans, including managing relationships with health plans and brokers, developing and managing the Navigators and In-Person Assisters programs, overseeing all marketing outreach activities, and conducting market research and marketing campaigns. The Director of Marketing and Communications will define the Exchange's overall marketing and operational plan and oversee performance reporting for the In-Person Assisters. The Director of Marketing and Communications will report to the Chief Executive Officer.

Consumer Outreach and Engagement Manager

The Consumer Outreach and Engagement Manager will be responsible for ensuring that consumer outreach and engagement activities are coordinated and aligned with the Exchange's overall marketing and operational plans, and drive towards established performance metrics related to engagement and enrollment. This position will oversee the development, implementation, and management of the Navigator and In-Person Assister Programs—including developing guidelines and standards for training and certification, identifying potential Navigator and In-Person Assister entities, and overseeing Navigator and In-Person Assister efforts in the marketplace to ensure quality execution. This position will work directly with the Director of Marketing and Communications and the State Healthcare Advocate to produce materials for outreach and education purposes, including written materials as well as online, social media and audio/visual aids. The Consumer Outreach and Engagement Manager will report to the Director of Marketing and Communications.

In-Person Assister Manager

The In-Person Assister Manager will be responsible for overseeing the recruitment, solicitation development, contracting, oversight and compliance of the In-Person Assister program. The In-Person Assister Manager will oversee the In-Person Assisters and report to the State Healthcare Advocate. This position will be funded by this Level One grant, and has not yet been filled.

In-Person Assister Training Coordinator

The In-Person Assister Training Coordinator will be responsible for overseeing the training coordination and certification of the In-Person Assisters, including consumer and trainer testing; in-person and web-based training; and IPA certification and recertification. The In-Person Training Coordinator will report to the In-Person Assister Manager.

In-Person Assister Recruitment Coordinator

The In-Person Assister Recruitment Coordinator will be responsible for overseeing the recruitment, interviewing, hiring and contracting of In-Person Assisters. The In-Person Recruitment Coordinator will develop and lead the overall recruitment strategy. The Recruitment Coordinator will oversee the contracts between OHA and each of the IPA entities. This role includes training new contracting entities on program matters, including the proper way to invoice for services, the submission of required reporting, and opportunities for amending contracts if needed. The In-Person Recruitment Coordinator will report to the In-Person Assister Manager.

In-Person Assister Administrative Assistant

The In-Person Assister Administrative Assistant will be responsible for assisting the In-Person Assister Manager in their day-to-day tasks. The In-Person Assister Administrative Assistant will report to the In-Person Assister Manager. This position will be funded by this Level One grant, and has not yet been filled.

The additional staff noted above will focus on the mechanics of the implementation – obtaining adequate numbers of IPAs in the correct areas of the state, assuring training and certification, paying invoices for services rendered, required reporting and complaints investigation.

Biographies

Connecticut Healthcare Advocate, Office for Healthcare Advocacy

Ms. Victoria Veltri, JD, LLM, is the state's Healthcare Advocate in the Office of the Healthcare Advocate. Since becoming Acting Healthcare Advocate in January 2011, and being sworn in as the Healthcare Advocate in April 2011. Ms. Veltri has overseen OHA in its mission to assist health insurance consumers in the state. OHA has focused on assisting consumers with managed care plan selection, educated consumers about their health care rights, directly assisted health insurance consumers with filings of complaints and appeals, and pursued other health care activities. Ms. Veltri has extensive legal experience in health care advocacy and in legislative policy. Prior to her role as Healthcare Advocate, Ms. Veltri served as OHA's General Counsel.

Chief Marketing Officer, Health Insurance Exchange

Mr. Jason Madrak, Chief Marketing Officer joined the Connecticut Health Insurance Exchange in May 2012. Mr. Madrak brings more than 15 years of diverse experience in media and marketing leadership in the finance, insurance and consumer products industries. Most recently, Mr. Madrak held senior leadership positions at both WellPoint and Aetna, where he led efforts to develop engaging consumer outreach programs and improve the member experience. Additionally, Mr. Madrak has led market research efforts at both The Wall Street Journal and Conde Nast, focused on driving effective media and marketing strategies for the firm's client base of leading national advertisers. A Connecticut native, Mr. Madrak holds a bachelor's degree in Marketing from the University of Connecticut, and an MBA in Marketing from New York University's Stern School of Business.

Consumer Outreach and Engagement Manager, Health Insurance Exchange

Ms. Danielle S. Williams joined the Connecticut Health Insurance Exchange at the end of November 2012, as the Consumer Outreach and Engagement Manager. Ms. Williams brings 12 years of experience in community outreach and engagement in a variety of organizations, primarily in the not-for-profit sector; with experience also working in both state and municipal government. Trained as an attorney, Ms. Williams is experienced in program and fund development, grant writing and management, as well as drafting policy recommendations and guidelines for complex systems. Prior to joining the CT Exchange, she held a management position at the Yale School of Public Health; she has also worked for

the American Civil Liberties Union of Connecticut and the Community Foundation for Greater New Haven. A Connecticut native, Ms. Williams is proficient in Spanish; she completed her Bachelor of Arts at Smith College, and received her J.D. from the Temple University School of Law.